



## Division of Surface Water

### Co-Permittee Notice of Intent (NOI) for Coverage Under Ohio EPA Construction Storm Water General Permit

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by Ohio's NPDES general permit for storm water associated with construction activity. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. **NOTE: All necessary information must be provided on this form. Read the accompanying instructions carefully before completing the form. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. There is no fee associated with submitting this form.**

#### I. Applicant Information/Mailing Address

**Company (Applicant) Name:** Click here to enter text - Required.

**Mailing (Applicant) Address:** Click here to enter text - Required.

**City:** Click here to enter text - Required.

**State:** Click here to enter text - Required.

**Zip Code:** Click here to enter text - Required.

**Contact Person:** Click here to enter text - Required.

**Phone:** Click here to enter text - Required.

**Fax:** Click here to enter text.

**Contact E-mail Address:** Click here to enter text.

#### II. Facility/Site Location Information

**Existing Ohio EPA Facility Permit Number:** Click here to enter text - Required.

**Initial Permittee Name:** Click here to enter text - Required.

**Facility/Site Name:** Click here to enter text - Required.

**City:** Click here to enter text - Required.

**State:** Ohio

**Zip Code:** Click here to enter text - Required.

**County(ies):** Click here to enter text - Required.

**Township:** Click here to enter text - Required.

**Facility Contact Person:** Click here to enter text - Required.

**Phone:** Click here to enter text - Required.

**Fax:** Click here to enter text.

**Facility Contact E-mail Address:** Click here to enter text.

#### III. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the fine and imprisonment for knowing violations.

**Applicant Name (printed or typed):**

**Title:**

**Signature:**

**Date:**